



# THE BUCKEYE INSTITUTE

## **Making Telehealth Permanent Will Increase Access to Care**

Interested Party Testimony  
Ohio Senate Health Committee  
House Bill 122

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Chairman Huffman, Vice Chair Antani, and Ranking Member Antonio, thank you for the opportunity to testify on the policies in House Bill 122.

My name is Greg R. Lawson, I am a research fellow at **The Buckeye Institute**, an independent research and educational institution—a think tank—whose mission is to advance free-market public policy in the states.

Last year, The Buckeye Institute **applauded** the regulatory changes adopted by the Trump and DeWine administrations that increased access to telehealth care, and we support Ohio's latest effort to make such access permanent. In our **writings** and previous **testimony**, The Buckeye Institute has encouraged broader use of telehealth for **general medical** care and **mental health** care, so we commend House Bill 122's telehealth coverage for psychologists, chiropractors, professional clinical counselors, independent social workers, and independent marriage and family therapists. By extending coverage to include advance practice registered nurses, pharmacists, occupational and physical therapists, and other health professionals, the bill will help Ohio citizens—especially those living in rural areas—access more health care services and specialists.

**Years** of research **demonstrate** telehealth's potential to improve access to care, lower costs, and increase flexibility for patients and providers. The recent pandemic highlighted the significance of these benefits as telehealth visits skyrocketed and remain much higher than their pre-pandemic levels even as in-person visits resume. And as the number and frequency of telehealth visits rose, their costs and overall healthcare expenses **declined**.

Much remains to be learned about broadening telehealth services, but they already hold significant promise for helping **rural** and **elderly** patients. Ohio health care providers have been **implementing** telemedicine and plan to expand services for hard-to-reach patients if the regulatory changes that expedited telehealth access become permanent. So policymakers should continue looking for ways to expand telehealth access without hobbling its potential to **improve outcomes, lower costs, and promote future innovations**. Patients have experienced firsthand the value that telehealth provides and will be reluctant to see telehealth access restricted again.

The Trump Administration made telehealth reforms permanent for federal health programs, but Ohio's telehealth reforms have not yet been codified and the current emergency COVID-19 rules are set to expire on December 31. Thus, Medicaid recipients may have greater access to more care providers through telehealth than those with private health care coverage. That is not right. All Ohioans should have equal telehealth access to their healthcare providers. House Bill 122 helps achieve that objective.

House Bill 122 goes a long way towards expanding health care access in Ohio. The bill will make permanent more innovative access to health care that can better meet the needs of patients and providers. The federal government has already done so and now Ohio should, too.

The Buckeye Institute appreciates the opportunity to testify on this critical issue and I am happy to take any questions the Committee might have.



### ***About The Buckeye Institute***

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